



Home Repair Inquiry Form

[THIS IS NOT AN APPLICATION]

By submitting this form, you are notifying Beaches Habitat for Humanity of your need for home repairs. This program usually has a waiting period, and we cannot guarantee that all projects will be completed. If funding becomes available that is applicable to your home's needs Beaches Habitat for Humanity will contact you.

Name: _____

Are you the homeowner? Yes No

If **NO**, what is your relationship to the homeowner? _____

What is the physical address of the home in need of repairs?

Does the homeowner currently live at the address listed above? Yes No

Current Mailing Address (if different):

Best Phone number to reach you: _____

Email Address: _____

Income Limitations:

How many adults (18 and older) live in your home? _____

How many children (17 and younger) live in your home? _____

Do you meet the following income limits? Yes No

Household Size	Max. Yearly Income ~ 80% Scale
1	\$60,900
2	\$69,600
3	\$78,300
4	\$86,950
5	\$93,950
6	\$100,900
7	\$107,850
8	\$114,800



Home Information:

What year was your home built? _____

Is your home currently insured? Yes No

Please describe your home. Check all that apply:

- Single-Family
 Duplex/Townhome
 mobile home
 Apartment/Condo
 One-Story
 Two-Story
 Wood Siding
 Stucco
 Vinyl Siding
 Hardie/Fiber cement Board
 Brick/Block

Has Beaches Habitat worked on your home before? Yes No If so, when? _____

Please select all that may apply to your home's needs:

Health and Safety Mitigation/ Remediation Work	Foundation	Ingress/Egress	Exterior Roof
<input type="checkbox"/> Asbestos <input type="checkbox"/> Combustion appliances <input type="checkbox"/> Radon <input type="checkbox"/> Lead <input type="checkbox"/> Mold <input type="checkbox"/> Pests	<input type="checkbox"/> Floor system (beams, joists, subfloors) <input type="checkbox"/> Foundation walls/ piers <input type="checkbox"/> Grading/landscaping for drainage <input type="checkbox"/> Water/water damage	<input type="checkbox"/> Replace/repair exterior doors <input type="checkbox"/> Replace/repair windows <input type="checkbox"/> Replace/repair exterior decks/steps/railings/ ramps <input type="checkbox"/> Repair/replace driveway/ exterior walkways	<input type="checkbox"/> Full shingle replacement <input type="checkbox"/> Major repair (shingles, decking, roof/ trusses/ rafters) <input type="checkbox"/> Minor roof repairs (partial shingle replacement, flashing, penetrations)
Accessibility	Exterior Walls	Interior Work	Electrical
<input type="checkbox"/> Installation of accessibility aids (i.e., showers/grab bars/ toilets) <input type="checkbox"/> Provide a zero-step access to porch, deck or house <input type="checkbox"/> Remodel/add an accessible bathroom <input type="checkbox"/> Remodel/add 1st floor bedroom <input type="checkbox"/> Widen doorways/ hallways for access	<input type="checkbox"/> Framing/structural repairs <input type="checkbox"/> Gutters, downspouts, drain lines, drip edge, flashing <input type="checkbox"/> Insulation <input type="checkbox"/> Paint <input type="checkbox"/> Siding/sheathing repairs <input type="checkbox"/> Trim, fascia	<input type="checkbox"/> Bathroom repairs (sinks/cabinets/etc.) <input type="checkbox"/> Drywall/paint <input type="checkbox"/> Kitchen repairs (sinks/cabinets/etc.) <input type="checkbox"/> Repair/replace flooring <input type="checkbox"/> Repair/replace interior doors <input type="checkbox"/> Repair ceilings/walls <input type="checkbox"/> Add or extended ventilation to exterior	<input type="checkbox"/> Repair/replace electrical wiring outlets/receptacles <hr/> <input type="checkbox"/> Repair/replace plumbing fixtures/lines/appliances <input type="checkbox"/> Repair/replace hot water tank <hr/> <input type="checkbox"/> Repair/replace HVAC equipment/ ducts

Other: _____



Due to specialized funding sources, we like to offer the optional opportunity for homeowners to identify themselves or members of their household as one or more of the following:

- Currently serving in any branch of the U.S. military
- Served in a branch of the U.S. military
- Veteran with general or honorable discharge
- Disabled and in need of accessibility modifications
- Over the age of 60
- Other: _____

By signing this form, I/we, the homeowner(s), acknowledge that the information provided to Beaches Habitat for Humanity's Repair program is true.

Home Owner Signature : _____

Date: _____

Co-owner Signature: _____

Date: _____

Please return this form to Beaches Habitat for Humanity. For questions, call 904-595-5806.

**Beaches Habitat for Humanity
ATTN: Home Repair Program
797 Mayport Road
Atlantic Beach, FL 32233**